Harassment of BDS students

3104. SHRI SATYAVRAT CHATURVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Bachelor of Dental Science (BDS) students studying in CCS University, Meerut affiliated institutions are mentally traumatized and harassed due to the absence of any exam related grievances redressal mechanism and had to approach the court of law to get justice;

(b) if so, the number of times the Lucknow High Court or the other judicial authorities have to intervene during the last five years; and

(c) the details of the cases and decisions given by the court and the action taken thereon by concerned college, University and the Dental Council of India?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) BDS Course Regulations envisage that any candidate who fails in one subject in BDS course is permitted to go to the next higher class and appear for the failed subject and complete it successfully before he is permitted to appear for the next higher examination. As per DCI norms and standards, any student who completes 240 educational days can only appear in the next examinations. Some of the students demanded to allow them to appear in the next examinations which were rejected by the University. Hence they filed writ petitions in the High court.

(b) There were three writ petitions filed in the High Court of Allahabad and Lucknow Bench.

(c) The details are as under:—

(i) Writ No. 5439, year 2007, Utkarsh Tripathi, S/o Sri. O.S. Tripathi — the applicant was provisionally allowed to appear in the 4 year of BDS course.

(ii) Writ No. 24060, year 2009, Gourav Verma, S/o B.G. Verma — the applicant was not allowed to appear in the BDS course examination.

(iii) Writ No. 29565, Year 2009, Shruti Shekhar and others — 5 students were allowed to appear in the BDS 2nd year examination.

Infant and maternal mortality in the country

3105. DR. GYAN PRAKASH PILANIA:
SHRI LALIT KISHORE CHATURVEDI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the detailed findings of UNICEF's 'the State of the world's children 2009, maternal and newborn health' Report;

(b) whether child birth becomes a death sentence for 78,000 mothers, in the country annually, where a pregnant woman dies every 7 minutes;

(c) whether 50 per cent pregnancy deaths are of SC/ST mothers;

(d) whether 2.1 million children dies before their fifth birthday in the country; and

(e) if so, how horrendous is the scenario of IMR and MMR in India/States and how they compare with other countries?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The key findings of the UNICEF's Report, 'The State of the world's children 2009' are given in Statement-I (*See* below).

(b) The Ministry relies on the reports released by the Registrar General of India (RGI) for estimates on maternal mortality. There are no official estimates on absolute number of maternal deaths in the country. However, the Sample Registration System (SRS) conducted by RGI captures Maternal Mortality Ratio through periodic surveys. Based on the official estimates of Registrar General of India (RGI), the Maternal Mortality Ratio (MMR) for India has shown a substantial decline from 301 per 100,000 live births (RGI-SRS, 2001-03) to 254 per 100,000 live births (RGI-SRS, 2004-06). This translates into an approximate number of 67,000 maternal deaths.

(c) RGI-SRS does not provide disaggregated data, class-wise or caste-wise, for maternal deaths.

(d) The Under Five Mortality Rate for the country as per National Family Health Survey 2005-06 is 74 per 1000 live births. As per UNICEF report 'State of World Children 2009' 1.95 million children dies annually in the country before attaining their fifth birthday.

(e) The IMR and MMR for India State-wise and the MMR and IMR for some other countries are given in Statement II, III and IV respectively.

Statement-I

State of the World's Children 2009

General Maternal Mortality Data

In India, during 2001-2003, an estimated 78 thousand[1] women died annually from causes related to pregnancy and childbirth. This means on an average, every seven minutes, one woman dies from complications related to pregnancy and childbirth. The average lifetime risk of a woman in a least developed country dying from complications related to pregnancy or childbirth is more than 300 times greater than for a woman living in an industrialized country. No other mortality rate is so unequal. In Uttar Pradesh, a woman has a 1 in 42 lifetime risk of maternal death, compared with a probability of just 1 in 500 for women in Kerala. For every mother who dies, an estimated 20 others suffer pregnancy-related illness or experience other severe consequences. Some 10 million women each year experience such adverse outcomes.

[1]Maternal Mortality in India 1997-2003, Sample Registration System, Office of the Registrar General, Inida.

In industrialized countries, the maternal mortality ratio (MMR) remained broadly static between 1990 and 2005, at a low rate of 8 per 100,000. In developing countries overall MMR rises to 450 per 100,000 TK. And in Sierra Leone – the country with the highest rate of maternal death, it is 2100 maternal deaths per 100,000 live births. Millennium Development Goal 5 calls for a reduction of the maternal mortality rate to 109 by 2015. In order to meet this target, India will have to achieve about two-thirds reduction in maternal mortality rate from 301 estimated for the period 2001-2003.

Neonatal Mortality

Babies whose mothers die during the first 6 weeks of their lives are far more likely to die in the first 2 years of life than babies whose mothers survive. In a study in Afghanistan, for example, about three-quarters of infants born alive to mothers who died of maternal causes also subsequently died. A child born in a least developed country is almost 14 times more likely to die during the first 28 days of life than one born in an industrialized country. In India, the States with the top five neonatal mortality rates – measuring deaths within the first 28 days of life – are: Orissa (52 deaths per 1,000 live births), Madhya Pradesh (51), Uttar Pradesh (46), Rajasthan (45), and Chhattisgarh (43)[2]. (2006)

Regional patterns of neonatal death correlate closely to those for maternal death. Among the top ten countries with the highest neonatal mortality rates, five of them (Liberia, Afghanistan, Sierra Leone, Angola and Mali) also fall in the top ten countries for highest maternal mortality or lifetime risk of maternal death rates. In industrialized countries, the neonatal mortality rate in 2004 was just 3 per 1000 live births. The global neonatal mortality rate declined by one-quarter between 1980 and 2000, but its rate of reduction was much slower than that of the overall U5 mortality rate, which fell by one-third. In India, almost 50 per cent of under-five deaths occur in the first 28 days of life. Neonatal mortality rates are around 20-50 per cent higher for the poorest 20 per cent of households than for the richest quintile. Similar inequities are also prevalent for maternal mortality. Like maternal deaths, 98 per cent of neonatal deaths occur in low and middle-income countries, and most are preventable.

Direct and Underlying Causes of Maternal and Neonatal Death

Three quarters of all maternal deaths in India occur from complications either during delivery or in the immediate post-partum period. These complications include: hemorrhage (38 per cent of maternal deaths); infections (11%); unsafe abortion (8 %); eclampsia or related hypertensive disorders (5 %); and obstructed labour (5%). Some 82 per cent of newborn deaths in India are the direct result of three main causes: 1) infections, including sepsis/pneumonia, tetanus and diarrhoea, 2) asphyxia, and 3) preterm births:—

- Infections account for 24 per cent of all newborn deaths.

Annual Statistical Report: Sample Registration System 2006.

- Asphyxia causes 23 percent of newborn deaths.
- Preterm birth causes 35 per cent of newborn deaths.

Child Marriage as a factor in Maternal Mortality:

- Girls who give birth before the age of 15 are five times more likely to die in childbirth than women in their 20s.
- If a mother is under the age of 18, her infant's risk of dying in its first year of life is 60 percent greater than that of an infant born to a mother older than 19.
- In India almost half the women aged 20-24 were married before they were 18. In Bihar 69% women aged 20-24 were married before 18 years. Worldwide, more than 60 million women aged 20-24 were married before they were 18.

Factors Influencing Maternal and Neonatal Health

Signs of Progress:—

- Substantial progress has been made in a number of key maternal health areas. For example, 77 per cent of women in India now receive antenatal care from a skilled provider at least once during pregnancy.
- South Asia's progress is particularly striking, from 46 percent in around 1995 to 65 per cent in 2005.
- There has been a marked increase in skilled delivery attendance in all regions of the dev. world over the last decade, with the notable exception of sub-Saharan Africa.

Research has shown that approximately 80 percent of maternal deaths could be averted if women had access to essential maternity and basic health-care services. Three quarters of all maternal deaths occur from complications either during delivery or in the immediate post-partum period. Skilled health workers with access to essential drugs, supplies and equipment to provide adequate care could prevent the vast majority of these deaths. A quarter of the world's unattended deliveries take place in India, which is 1 of 10 countries which together account for 2/3 of births not attended by skilled health workers.

Within countries, the likelihood of being attended during delivery varies widely depending on a woman's geographic location and economic status. In 2000, a skilled attendant was present at just 20 percent of deliveries in rural communities, compared to 69 percent in urban areas. And, for the developing world as a whole, the deliveries of women from the poorest fifth of households are half as likely to be attended by skilled health workers as those from the richest households. The world is facing a shortage of 4.3 million health workers, with every region except Europe showing a shortfall. There are not enough skilled health workers — doctors, nurses or midwives — to attend all the world's births.

A study found that countries need an average of 2.28 health-care professionals per 1000 people to achieve the minimum desired level of coverage for skilled attendance at delivery. Fifty-seven countries fall below this threshold, 36 of which are in sub-Saharan African. The countries with the largest shortages of health workers in absolute numbers are in Bangladesh, India and Indonesia. However, the largest relative need is in sub-Saharan Africa, where the number of health workers would have to rise 140 percent to achieve the requisite density.

Many women in developing countries have no say in their own health-care needs. In Mali, Burkina Faso, Nigeria, and Malawi, for example, more than 70 percent of women say their husbands alone make the decisions regarding their health care. Studies conducted throughout the developing world (with the exception of Latin America) showed that more than one-third of women surveyed said their husband alone made the decisions regarding their health care.

Statement-II

Infant Mortality Rate

Sl. No.	States	2007
1	2	3
	ALL INDIA	55
1.	Andhra Pradesh	54
2.	Assam	66
3.	Bihar	58
4.	Chhattisgarh	59
5.	Gujarat	52
6.	Haryana	55
7.	Jharkhand	48
8.	Karnataka	47
9.	Kerala	13
10.	Madhya Pradesh	72
11.	Maharashtra	34
12.	Orissa	71
13.	Punjab	43
14.	Rajasthan	65
15.	Tamil Nadu	35

1	2	3
16.	Uttar Pradesh	69
17.	West Bengal	37
18.	Arunachal Pradesh	37
19.	Delhi	36
20.	Goa	13
21.	Himachal Pradesh	47
22.	Jammu and Kashmir	51
23.	Manipur	12
24	Meghalaya	56
25	Mizoram	23
26	Nagaland	21
27	Sikkim	34
28	Tripura	39
29	Uttaranchal	48
30	Andaman and Nicobar Islands	34
31	Chandigarh	27
32	Dadra and Nagar Haveli	34
33	Daman and Diu	27
34	Lakshadweep	24
35	Pondicherry	25

(Source: RGI, (SRS) 2007)

Statement-III

Maternal Mortality Ratio
India and State wise

Major State	MMR (2004-06)
1	2
India Total	254
Assam	480
Bihar/Jharkhand	312
Madhya Pradesh/Chhattisgarh	335

1	2
Orissa	303
Rajasthan	388
Uttar Pradesh/Uttaranchal	440
Andhra Pradesh	154
Karnataka	213
Kerala	95
Tamil Nadu	111
Gujarat	160
Haryana	186
Maharashtra	130
Punjab	192
West Bengal	141
Others	206

(Source: RGI, (SRS) 2004 – 06)

Statement-IV

Comparative IMR and MMR of some Neighbouring and Western countries

Neighbouring countries	IMR	MMR	Western countries	IMR	MMR
Afghanistan	165	1800	Ireland	4	1
Nepal	43	330	Germany	4	4
Bangladesh	47	570	United kingdom	5	8
Bhutan	56	440	France	4	8
Pakistan	73	320	United State of America	7	11
Sri Lanka	17	58	Russian Federation	13	28

Source – State of the World's Children 2009

New cholera vaccine

3106. SHRI M.V. MYSURA REDDY:
SHRI NANDAMURI HARIKRISHNA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a new oral cholera vaccine has been developed by